



In re Application of:

Docket No. 03137.000003.

MATTI KIK ET. AL

Application No.: 10/620,077

Examiner: Norca Liz Torres Velazquez

Filed: July 15, 2003

Group Art Unit: 1771

For: FASTENER-FREE COMPOSITE ROOFING
PRODUCT

Date: January 14, 2005

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**	=	x \$25 \$50	
INDEP. CLAIMS	*	MINUS	***	=	x \$100 \$200	
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

January 14, 2005

(Date of Deposit)

Alicia A. Russo, Reg. No. 46,192

(Name of Attorney for Applicant)

Signature

January 14, 2005

Date of Signature

(KW)

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 110 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



John D. Murnane
Registration No. 29,836

Alicia A. Russo
Registration No. 46,192
Attorney for Applicants

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Form #120

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